

# SSI/SSDI Outreach, Access, and Recovery (SOAR): Understanding and Documenting Opioid and Other Substance Use Disorders for SSI/SSDI Claims

Presented by the Substance Abuse and Mental Health  
Services Administration (SAMHSA)  
SOAR Technical Assistance (TA) Center  
U.S. Department of Health and Human Services

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# Webinar Instructions

- Muting
- Recording availability
- Downloading documents
- Questions and Answers

# Purpose and Objectives

- Overview of the opioid epidemic in the United States
- Key strategies for requesting and interpreting substance use related records
- SOAR best practices for assisting SSI/SSDI applicants with opioid and other substance use disorders
- How to effectively document opioid and other substance use disorders using the Medical Summary Report (MSR)

# Agenda

## **Opioid Epidemic**

- Melissa Neal, DrPH, Senior Project Associate, SAMHSA GAINS Center, Policy Research Associates, Inc., Delmar, New York

## **Documenting Opioid Use Disorders for SOAR Applications**

- Amanda Starkey, Project Associate, SAMHSA SOAR TA Center, Policy Research Associates, Inc., Delmar, New York

## **Documenting Opioid Use Disorders: Troy Michigan Example**

- Rachael Phillips, LLMSW, PATH/SOAR Specialist, Community Housing Network Inc., Troy, Michigan

## **Questions and Answers**

- Facilitated by the SAMHSA SOAR TA Center

# Welcome!

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# Recovery Amidst the Opioid Epidemic

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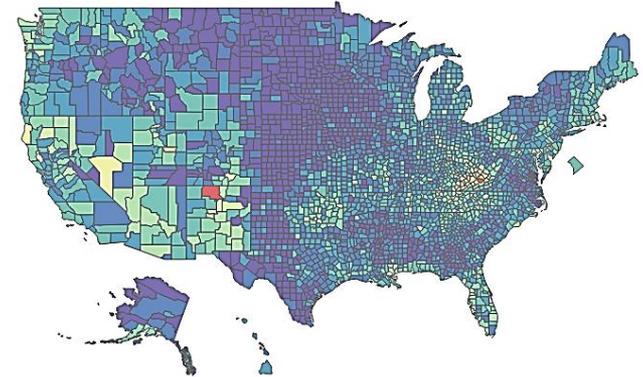
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# The Opioid Epidemic: Statistics

## Death Rates for Drug Poisoning by County:

- Centers for Disease Control and Prevention:
  - “Since 2000, the rate of deaths from drug overdoses has increased 137%, including a **200% increase in the rate of overdose deaths involving opioids** (opioid pain relievers and heroin).”
  - In 2016, 66.4% (n=42,249) of drug overdose deaths **involved some type of opioid, including heroin.**
  - “In 2014, the rate of drug overdose deaths involving natural and semisynthetic opioids (e.g., morphine, oxycodone, and hydrocodone), 3.8 per 100,000, was the highest among opioid overdose deaths.”

Estimated Age-adjusted Death Rates for Drug Poisoning by County, United States: 1999

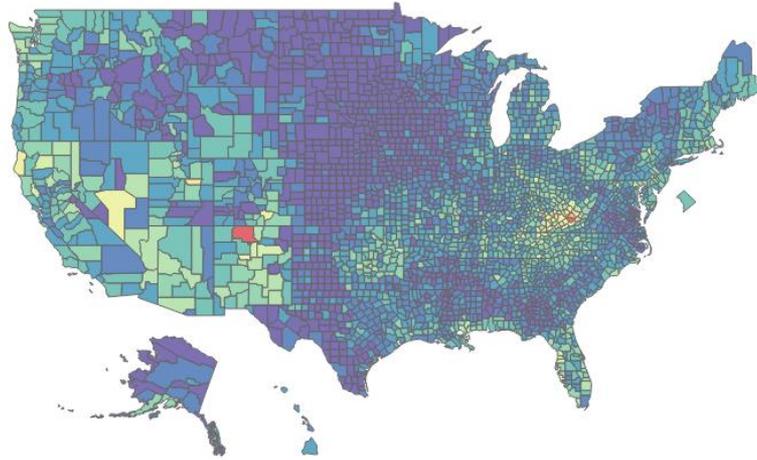


Select Year  
1999

[https://public.tableau.com/shared/C8YM993CZ?:toolbar=no&:tabs=no&:display\\_count=no](https://public.tableau.com/shared/C8YM993CZ?:toolbar=no&:tabs=no&:display_count=no)

# Estimated Age-adjusted Death Rates

Estimated Age-adjusted Death Rates§ for Drug Poisoning by County, United States: 1999

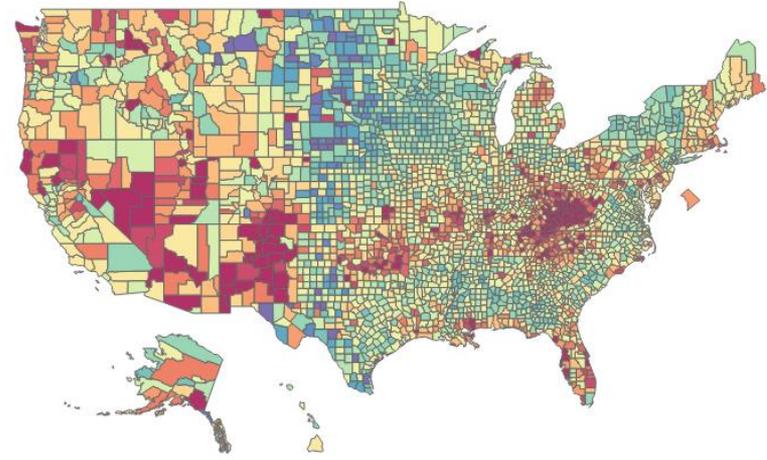


Legend for estimated age-adjusted death rate (per 100,000 population)

<2	8-9.9	16-17.9
2-3.9	10-11.9	18-19.9
4-5.9	12-13.9	20-21.9
6-7.9	14-15.9	26-27.9

Select Year  
1999

Estimated Age-adjusted Death Rates§ for Drug Poisoning by County, United States: 2016

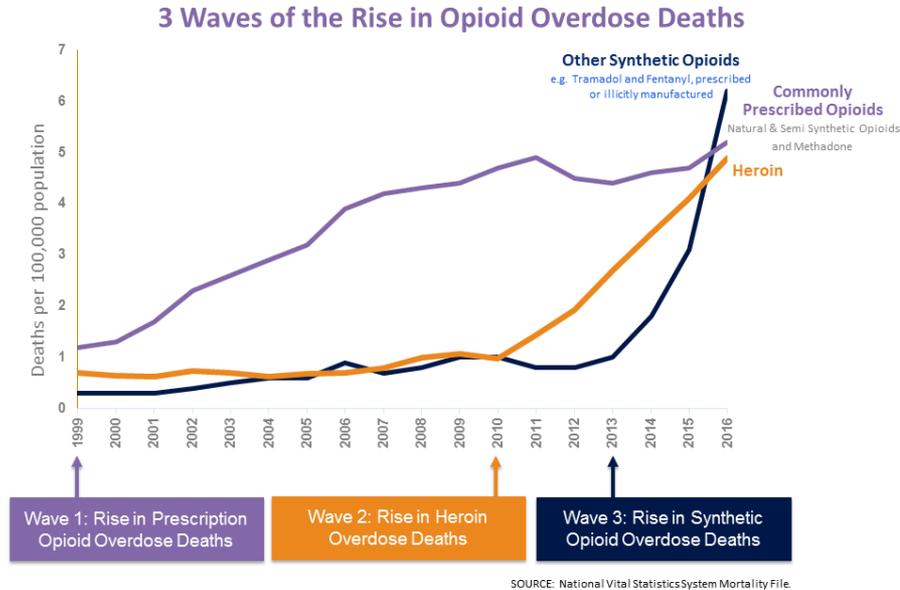


Legend for estimated age-adjusted death rate (per 100,000 population)

<2	8-9.9	16-17.9	24-25.9
2-3.9	10-11.9	18-19.9	26-27.9
4-5.9	12-13.9	20-21.9	28-29.9
6-7.9	14-15.9	22-23.9	30+

Select Year  
2016

# What War on Drugs?



<https://www.cdc.gov/drugoverdose/epidemic/index.html>

- From 1999 to 2016, more than **630,000** people have died from a drug overdose.
- In 2016, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was **5 times higher than in 1999**.
- On average, **115** Americans die every day from an opioid overdose.

# Prevalence of Trauma

- 89.7% U.S. adults have experienced a traumatic event (DMS-5 criteria); many experience multiple traumatic event types
  - Physical or sexual assault most common type (53%)
  - Direct interpersonal violence victimization reported by 59% of women and 47% of men
- PTSD prevalence:
  - 8.3% in lifetime
  - 4.7% in past 12 months
  - 3.8% in past 6 months

# Prevalence of Trauma

- **Among Veterans...**
  - **Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF):** About 11-20 out of every 100 Veterans (or between 11-20%) who served in OIF or OEF have PTSD in a given year.
  - **Gulf War (Desert Storm):** About 12 out of every 100 Gulf War Veterans (or 12%) have PTSD in a given year.
  - **Vietnam War:** About 15 out of every 100 Vietnam Veterans (or 15%) were currently diagnosed with PTSD at the time of the most recent study in the late 1980s, the National Vietnam Veterans Readjustment Study (NVVRS). It is estimated that about 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime.
  - Among women obtaining services at the VA:
    - 23 out of 100 women (or 23%) reported sexual assault when in the military.
    - 55 out of 100 women (or 55%) and 38 out of 100 men (or 38%) have experienced sexual harassment when in the military.

# Effects of Trauma

Reactions to trauma vary widely.

- Physiological effects:
  - Brain development and function
  - Stress response mechanisms
  - Immune system responses
- Mental and emotional effects:
  - Powerlessness
  - Fear and/or constant state of alert
  - Hopelessness
  - Shame, guilt, anger
  - Isolation and disconnection
- Unaddressed trauma can result in mental and substance use disorders, suicide, chronic disease, and premature death.

# Current Trends

- Public health approach as opposed to criminal justice approach
- Increasing acceptance of addiction as a disease
- Focus on diversion from the criminal justice system into treatment
- Humanizing of victims and their families
- Media

# Unique Risk Factors for Service Members, Veterans and Families

- Military culture
- Transition challenges
- Co-occurring disorders (substance use disorders [SUD], Post-traumatic Stress Disorder, Depression, Traumatic Brain Injury, etc.)
- Chronic pain
- Suicide

## However Unintended Result – Decreased Help-seeking

- By seeking treatment...
  - 65% fear the perception of being seen as “weak”.
  - 63% fear leadership might treat them differently.
  - 59% fear others would have less confidence in them.

# Co-Occurring Disorders

- Rates of co-occurring disorders substance use disorders and mental illness among people who have not served in the military are high.
  - Around 83% of adults with a substance use disorder have one or more co-occurring mental health disorders (National Survey on Drug Use and Health, 2017).
- Invisible wounds of war – Post Traumatic Stress Disorder, Traumatic Brain Injury, Depression
  - 25-33% of Veterans with SUD also meet criteria for depression, PTSD, and more among treatment-seeking individuals (Stecker, et al., 2010).

# Chronic Pain

- Veterans experience higher prevalence of pain and more severe pain than nonveterans, with young and middle-aged veterans suffering the most (National Health Interview Survey).
- Studies report nearly 45% of soldiers and 50% of veterans experience pain on a regular basis, as opposed to 26% of the general public.
- Eleven percent of service members report misusing prescription drugs with **opioid pain medication being most frequently misused.**

# Access to Care Issues

- Not all Veterans are eligible to receive VA care
- Not all Veterans want to receive care from VA
- VA limited detox capacity
- Limited availability of TRICARE providers
  - Good news – Parity with TRICARE!
- Lots of community services – “sea of goodwill” – difficult to navigate
- Rural challenges
- VA Choice Program

# Successful Approaches

- Prescription Drug Monitoring Program (PDMP)
- Increased access to Medication Assisted Treatment (MAT)
- Peer supports
- Veterans Treatment Courts and Veteran Justice Peers
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Education and awareness – National Guard Yellow Ribbon
- Building on our strength and resilience!

# Opioid Use and Homelessness

- Housing: critical social determinant of health
- National estimates:
  - 1/3 of people experiencing homelessness also experience alcohol and drug problems.
  - 2/3 of people experiencing homelessness have had a substance use disorder during their lifetime.
  - 75% of people experiencing homelessness also had a co-occurring substance use and mental health disorder.
- 81% of overdose deaths among people experiencing homelessness are caused by opioids.

# Promising Practices for People Experiencing Homelessness

- Housing-first approach
  - Supportive housing with case management
  - Transitional versus permanent supportive housing
  - Peer support
- Informed program requirements
  - Support stability
  - Recovery focus

# Documenting Opioid Use Disorders and Supporting Recovery with a Successful Medical Summary Report (MSR)

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December 12, 2018



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# Social Security Administration and DA&A Policy

What is DA&A (Drug Addiction and Alcoholism)?

- The Social Security Administration (SSA) uses the term DA&A when referring to the use of drugs or alcohol (not otherwise prescribed)
- DA&A is not considered by SSA to be a disabling condition
- Often a mental disorder accompanies the drug or alcohol use
- SOAR case managers will present evidence that distinguishes the mental impairment from the effects of alcohol or drug use
- SSA makes the determination whether the drug and alcohol use is “material” to a finding of disability

## What does SSA mean by “Materiality?”

- Current SSA law states: If substance use is found “material” to a person’s disability, SSA benefits will be denied
- The applicant has the burden of proving disability throughout the sequential evaluation process

# Analysis of Drug or Alcohol Use and Disability (DA&A)

1. Does the claimant have <i>DAA</i> ?	a. No—No <i>DAA</i> materiality determination necessary. b. Yes—Go to step 2.
2. Is the claimant disabled considering all impairments, including <i>DAA</i> ?	a. No—Do not determine <i>DAA</i> materiality. (Denial.) b. Yes—Go to step 3.
3. Is <i>DAA</i> the only impairment?	a. Yes— <i>DAA</i> material. (Denial.) b. No—Go to step 4.
4. Is the other impairment(s) disabling by itself while the claimant is dependent upon or abusing drugs or alcohol?	a. No— <i>DAA</i> material. (Denial.) b. Yes—Go to step 5.
5. Does the <i>DAA</i> cause or affect the claimant's medically determinable impairment(s)?	a. No— <i>DAA</i> not material. (Allowance.) b. Yes, but the other impairment(s) is irreversible or could not improve to the point of nondisability— <i>DAA</i> not material. (Allowance.) c. Yes, and <i>DAA</i> could be material—Go to step 6.
6. Would the other impairment(s) improve to the point of nondisability in the absence of <i>DAA</i> ?	a. Yes— <i>DAA</i> material. (Denial.) b. No— <i>DAA</i> not material (Allowance.)

Source: <https://secure.ssa.gov/poms.nsf/lnx/0490070050>

# Collecting the Evidence: Asking Questions

- Understand what you need to know
- Collect information from a variety of sources
- Utilize the Medical Summary Report (MSR) Interview Guide
- Allow applicant to tell his or her story!

## Section IV: Substance Use

The purpose of asking these questions is to help you (and DDS) determine if the substance use is “material” to disability. To do so, you must understand the meaning of the person’s substance use and its relevance to other diagnoses. You will need to be able to show that the person’s illness and resulting functional impairment would still be present even in the absence of substance use. The person does not have to be sober at the time of the application to make this determination.

### Sample questions:

- *Do you drink alcohol? About how much? What other drugs do you use and about how much and how often? (Obtain clarification if the person says something like “a lot” or “not much”)*
- *Why do you use (alcohol or other drugs)? How does using help?*
- *Do you recall how old you were when you first started drinking (or using other drugs)?*
  - *What was going on in your life then? How was your life going? What do you think made you decide to drink and/or use other drugs?*
- *When you drank or used drugs, how did you feel? What was the effect of your use on your life?*
  - *What happened since that time? How would you describe your life since you’ve been using? What do you think affected how much you drank alcohol or used other drugs?*
- *What is your substance of choice now? If you could use any alcohol or other drug that you wanted, what would it be? Why do you prefer this drug? How does it make you feel? What does it do?*
- *Have you ever tried to limit your substance use? If yes, what happened?*
- *Have you ever experienced blackouts (when you didn’t remember what happened), shaking, or seizures when you were using alcohol or other drugs? How often? Were you treated for anything when this happened?*
- *Have you ever been in treatment for your substance use? If yes, what kind of treatment? What was that like for you? Was it helpful? In what way?*
- *Do you feel your substance use is a problem? Can you tell me why?*
- *If you tried to stop drinking or using drugs now, what do you think would happen? How do you think you would do? How would you feel?*

## What do you need to know?

- What does the person use?
- What purpose does the use serve?
- How does it interact with symptoms?
- How does it impact their physical and mental impairments?
- How is it relevant to disability?

# Collecting the Evidence: Sources

## Use a variety of sources

- Medical Evidence
  - Inpatient treatment
  - Outpatient treatment
  - Emergency Room visits
  - Hospitalizations
  - Department of Corrections
  - Crisis Centers
  - Neuropsychological evaluations
- Collateral Evidence
  - The applicant
  - Case management
  - Shelters
  - Family
  - Close friends
  - Direct observations

## Medical Summary Report (MSR) Interview Guide

- Sample questions are provided for you
- Open-ended questions
  - Tell me more about...
  - How do you feel when...
- Follow-up to get a clear picture
- Use the clinical records to help ask questions
  - Sometimes applicants can't remember time-frames

# Writing the Substance Use Section

- Present information in chronological order
  - Start with initial use, and work forward
- Show how relationship with drugs/alcohol has progressed over time
  - What has happened since initial use?
- Use clinical records to find more clues
  - ER, Case Management, and Group Therapy

# Writing the Substance Use Section- Continued

- Make the links between symptoms and sobriety
- Advocate for our consumers
  - Help them tell their story
- Use your knowledge about materiality to frame your writing!
  - Does the applicant still experience symptoms during periods of sobriety?

# Case Study Example

- 43 year-old male
- Experiencing homelessness on and off for 10 years
- History of Bipolar disorder, alcoholism, heroin and crack/cocaine addiction
- Denied for benefits 5 times prior to SOAR

# Case Study Example: Strategies

- Direct observations
- Compassionate interviewing
- Use of case management notes
- Neurological Examination obtained

# Case Study Example: Conclusion

- Neuropsychological Exam findings of Neurocognitive Disorder
- New evidence presented in MSR
- Approval in 70 days!
- \$12,000 in retroactive benefits!
- \$1,340 ongoing monthly SSDI benefits!
- Validation!
- Continued Recovery!

# Documenting Opioid Use Disorders and Supporting Recovery with a Successful MSR

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December 12, 2018



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# Troy, Michigan Area Opioid Facts and Stats

- 2016: 743,969 opioid prescriptions filled which is equivalent to 6,035 prescriptions per every 10,000 residents (including children)
- 2016: Opioid-related deaths in Wayne County alone totaled 817, up from 506 in 2015, a 61% increase
- 2016: 165 people died from opioid-related deaths in Oakland County
- 2017: 5,720 individuals receiving outpatient opioid treatment

<http://accessoakland.oakgov.com/pages/oakland-county-opioid-initiative>

# Community Housing Network's PATH/SOAR Program

- Projects for Assistance in Transition from Homelessness (PATH)/SOAR team provides outreach and SOAR assistance to people experiencing or at risk of homelessness; focusing on the most vulnerable (chronically homeless or high Vulnerability Index)
- The PATH team meets participants wherever they are in Oakland or Macomb counties, whether it's under a viaduct, in a parking lot, or in a park
- We connect with those in need who are not being served by traditional resources and services
- In 2017, our PATH team connected with 672 people who were experiencing homelessness and enrolled 436 individuals into our program after meeting eligibility criteria



# Role of the SOAR Specialist

- Reviews referrals
- Screens for eligibility
- Implements the following SOAR Critical Components:
  - ✓ Collects medical evidence
  - ✓ Gathers information through the utilization of SOAR guided interviews
  - ✓ Connects individuals to additional resources and services
  - ✓ Composes thorough and meaningful Medical Summary Reports
  - ✓ Establishes and maintains relationships with local healthcare providers
  - ✓ If needed, links those denied for SSI/SSDI to legal aid for appeals



# Successful Applications for Individuals with Co-Occurring Disorders

- Isolating Periods of Sobriety in medical documentation
- Identify periods of inpatient treatment
- Utilize Blue Book definitions as a guide
- Thoroughly review and document medical evidence
  - Dates of urinalysis
  - Dates of toxicology reports
  - Dates of metabolic panel exams
- Document marked symptoms during periods of sobriety
- Mental Status Exams conducted during inpatient treatment periods

# Interviewing and Documenting

- Engage in meaningful conversations regarding substance use
- Asking when substance use began, what triggered use, etc., can be helpful when trying to isolate periods of sobriety
- Differentiating between symptoms of mental health diagnoses and substance use – “Get their story!”
- Documenting self-reported symptoms during periods of sobriety
- Creating a timeline based on their self-reports – this tool can be helpful when reviewing medical documentation

# Using the Medical Summary Report

- Utilize the Medical Summary Report (MSR) to link trauma, substance use, and diagnoses
- Include client's self-reports within the Medical Summary Report
- If medical documentation is lacking or not thorough – utilize your community partners for collateral information
  - Local Shelter Navigators
  - Parole Officers
  - Case Managers
  - Faith Based Organizations

# Case Study A

Jane Doe, 35-year old female PATH program participant:

- Jane was diagnosed with Borderline Personality Disorder, Major Depressive Disorder, Generalized Anxiety Disorder and Substance Use Disorder.
- She was utilizing methadone treatment at the time of her application to address her opiate addiction.
- Throughout the SOAR process, Jane was able to provide thorough information regarding her use, past trauma, and triggers for use.
- *By explaining these experiences within the Medical Summary Report and isolating periods of sobriety within her medical records, we were able to meet the listing criteria and Jane's SSI application was approved.*

# Case Study B

John Doe, 31-year old male PATH program participant

- John was diagnosed with Intermittent Explosive Disorder, Major Depressive Disorder, Generalized Anxiety Disorder and a potential Traumatic Brain Injury.
- He had a substantial history of substance use and reported current use as a means of coping with his mental health symptoms.
- This particular case required an extensive review of medical records in order to isolate symptoms during periods of sobriety – particularly during periods of inpatient hospitalization/rehabilitation.
- Throughout the interview process, John shared he would be triggered to use after experiencing symptoms of his mental health diagnoses and often used substances as a way of coping with his illnesses, injuries and conditions.
- *By including this information in his Medical Summary Report, and highlighting periods of sobriety within his medical documentation, John's application for SSI was approved.*

Please type your questions into the Q&A box on the right of your screen

# Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SAMHSA SOAR Technical Assistance Center

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